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## BIB DATA SHEET

CONFIRMATION NO. 1866

<b>SERIAL NUMBER</b> 10/662,659	<b>FILING or 371(c) DATE</b> 09/15/2003 <b>RULE</b> <i>MA 9-4</i>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> John Buiatti, Castaic, CA; <i>MA 9-4</i> <b>** CONTINUING DATA *****</b> <i>MA 9-4</i> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 12/22/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWINGS 1	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4 <i>OH</i>
<b>ADDRESS</b> W. NORMAN ROTH 523 W. 6TH STREET SUITE 707 LOS ANGELES, CA 90014 UNITED STATES					
<b>TITLE</b> Nursing aid system					
<b>FILING FEE RECEIVED</b> 471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		